



COPY

229577

Posted: 6:00

STATE OF SOUTH CAROLINA

Dept: S.A.

(Caption of Case)

Date: 5/5/11

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Time: 12:25

TRANSPORTATION COVER SHEET

Request to cancel Class C Charter Certificate

Rose Garden Enterprises, Inc.

RECEIVED

DOCKET

NUMBER: 2002 - 41 - T

MAY - 4 2011

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

Rose Studebaker, T.W.W/W

(Please type or print)

Submitted by: Rose Studebaker

Telephone: (843) 911-4009

Address: 504 30th Ave N.  
Myrtle Beach, SC

Fax:

Other:

29577

Email:

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input checked="" type="checkbox"/> Request for Cancellation of Certificate   | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

## Request for Cancellation of Certificate

2002.41-T

<b>File the original with:</b> Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896-5100 FAX (803) 896-5199	<b>Mail or fax a copy to:</b> S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815 <div style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</div> <div style="text-align: center;">MAY - 4 2011</div>
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 DATE: 5-3-11 **ORS**  
 T, T, W, W, W

Please consider this a request to cancel my:

- ☐ Class C Taxi Certificate
 ☐ Class A Restricted Certificate
- ☒ Class C Charter Certificate
- ☐ Class C Charter Bus Certificate
- ☐ Non-Emergency Certificate
- ☐ Class E Household Goods Certificate
- ☐ Class E Hazardous Wastes Certificate

My Certificate Number is 7187
Rose Garden Enterprises **UC**  
 (Name of Company) DBA

W/A  
 (If applicable)

 (X) 504 30th Avenue N.  
 (Street Address)

 (X) \_\_\_\_\_  
 (Mailing Address if different from Street Address)

 (X) Myrtle Beach, SC  
 (City, State, Zip Code) 29577

 (X) \_\_\_\_\_  
 (City, State, Zip Code)

 (X) (843) 916-4009  
 (Telephone Number)

 (X) Rose M. Gudebaker  
 (Signature)

 (X) owner  
 (Title) Owner, President, etc.